

# **Gender-Based Violence in Emergencies**

Analytical Paper on WHS Self-Reporting on Agenda for Humanity Transformation 2D

This paper was prepared by:<sup>1</sup>



## **Executive Summary:**

This paper reflects progress on World Humanitarian Summit (WHS) commitments related to gender-based violence (GBV) in emergencies using self-reports available on the Agenda for Humanity's Platform for Action, Commitments and Transformations (PACT).

The self-reports provided by different stakeholders point to a comprehensive approach which is required to ensure that humanitarian response provides full services for survivors, mitigates GBV risks across sectors, builds resilience, and lessens reliance on external actors.

The reports covered new research, guidance, and initiatives to build the capacity of local and international actors in prioritizing GBV prevention and response, actions to improve service delivery, and initiatives to increase organizational accountability to women and girls.

Stakeholders pointed to other processes or initiatives that help advance this area of work and support accountability, such as the Call to Action on Protection from Gender-Based Violence in Emergencies, the Women, Peace and Security agenda and new institutional policies.

In the reporting period (January to December 2017), many entities noted adoption of the IASC 2017 Gender Policy, the IASC Statement on Protection against Sexual Exploitation and Abuse (PSEA) and measures taken internally towards implementing the PSEA Minimum Operating Standards.

While much reporting space for transformation 2D was dedicated to PSEA, it is critical to note that SEA is not exclusively under the purview of GBV specialists or GBV specialized agencies and that the responsibility to protect lies with the humanitarian community at large; future reporting on transformation 2D should reflect this.

At this early stage of implementation of the Agenda for Humanity, the reports taken together help lay the foundation for progress in prevention of and response to GBV.

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## **Overview of the current landscape**

From the analysis of stakeholder self-reports several positive trends emerged. Through the development of protocols and tools, a multitude of stakeholders demonstrated a commitment to addressing Sexual Exploitation and Abuse (SEA). In line with the World Humanitarian Summit (WHS) New Way of Working (NWoW)<sup>2</sup> stakeholders voiced support for the necessary shift to working across the Humanitarian-Development-Peace (HDP) nexus and enhancing support to local actors to prevent and respond to GBV. Other key themes include the mainstreaming of GBV in line with the Call to Action Commitments, the production of resources to guide quality services for GBV survivors, and the importance of addressing masculinity and engaging men and boys in preventing and responding to GBV. There is also evidence of an increased commitment of leadership, both within the UN and NGO's, to prioritize the prevention and response to GBV in emergencies.

## Data Source

The dataset includes concrete steps to improve compliance and accountability of international humanitarian law (transformation 2D, 82 reports) and was reviewed for substantive progress related to prevention and response to GBV.

## Positive trends emerging from self-reporting

## Localization and Addressing the Nexus

In response to the changing landscape of humanitarian action, one of the major outcomes of the 2016 World Humanitarian Summit (WHS) was the resounding call for greater coherence and a New Way of Working (NWoW) among humanitarian, development, peacekeeping and peace building partners. Several stakeholders noted this shift, and the necessity to work across the Humanitarian-Development-Peace (HDP) nexus to improve GBV prevention and response programming with a greater focus on sustainability and localized response. The government of Denmark reported on its work towards breaking down barriers between humanitarian and development work, specifically through the new Strategy for Development Cooperation and Humanitarian Action, which provides a framework to ensure assistance addresses the root causes of GBV through a development lens. The strategy details how to break down barriers through funding modalities such as partnership agreements across humanitarian and development funding, and multi-annual contributions to humanitarian efforts. Also as part of the effort to enhance localization through focused capacity building, Ireland/ICGBV and Concern launched a summer school at University College Dublin's (UCD) Centre for Humanitarian Action to build capacity of local partners on GBV in emergencies programming. Stakeholders noted their commitment to decentralization and local leadership as well. ActionAid is developing a new toolkit and training programme on women-led community-based protection. UN Women's Fiji Multi-Country Office also worked with Civil Society Organizations (CSOs) across the Pacific region to become active agents in GBV prevention and response within the context of frequent disasters. Sweden supports women's mediation networks that build upon work to empower women as peace makers, strengthen national capabilities, and create cooperative networks with women peace builders and mediators across the globe.



<sup>&</sup>lt;sup>2</sup> <u>https://www.unocha.org/publication/policy-briefs-studies/new-way-working</u>

## **GBV** Mainstreaming and Risk Mitigation

Reports noted that mainstreaming GBV and engaging in risk mitigation throughout all humanitarian sectors remains a critical area of focus. In June 2017, the European Union (EU) took the lead of the Call to Action and provided financial support to actions to prevent and respond to GBV. With support from the EU, under the Enhanced Response Capacity programme, UNFPA is operationalizing the Call to Action at the field level to outline concrete steps for actors to mitigate GBV risk and ensure safe and comprehensive services for those affected by GBV. FAO developed a policy brief and guidance for staff and partners for addressing GBV across food security and agricultural interventions. The Women's Refugee Commission (WRC) in its project on Preventing and Responding to GBV in Urban Areas also worked with local partners to pilot innovative GBV risk mitigation projects in several cities. To sharpen leadership's role in mainstreaming and risk mitigation, the annual Humanitarian Coordinators retreat highlighted GBV, and OCHA continues to advocate for the inclusion of gender and GBV in all Humanitarian Country Team (HCT) compacts.

#### Resources to support quality services for GBV survivors in humanitarian settings

Several resources to support quality services for GBV survivors in humanitarian settings were also finalized during the reporting period. The International Rescue Committee (IRC), in collaboration with the International Medical Corps (IMC), UNHCR, UNFPA, and UNICEF, completed the Interagency GBV Case Management guidelines, which was rolled-out by the GBV Area of Responsibility (GBV AoR) and field level sub-clusters. Developed through a consultative process, UN Women also finalized the new IASC Gender in Humanitarian Action Handbook, aimed at building the capacity of humanitarian actors in gender responsive action. Developed by UNFPA and the GBV AoR, the new and updated free e-learning course "Managing Genderbased Violence Programmes in Emergencies" was launched in four languages. The course has become a mandatory prerequisite for several government agencies, universities and international NGOs, all deployed UNFPA GBV specialists. The GBV AoR Regional Emergency Advisors (REGA) are four inter-agency resources available to support country operations in Asia, Arab States, East and Central Africa regions; in 2017, REGA provided 276 mission days in support of 12 GBV country sub-clusters and remote technical support to 29 countries, so GBV actors had the capacity to provide survivors with frontline support.

## Addressing Sexual Exploitation and Abuse (SEA)

During the reporting period, numerous stakeholders discussed the development of protocols and tools related to PSEA. The Inter-Agency Standing Committee (IASC) released a statement expressing 'zero tolerance' for PSEA and the IASC principles committed to reinforce governance and support for those affected by SEA. At the leadership level, the annual Humanitarian Coordinators retreat this year discussed PSEA concerns. GOAL, Norwegian Church Aid, Medair and InterAction also took action revising internal policies and instituting mandatory training. UNDP, UNFPA, the United Nations Children's Fund (UNICEF), UN Women and the Office of the United Nations High Commissioner for Refugees (UNHCR) developed a joint mandatory elearning course on PSEA as well. OHCHR contributed to the Secretary-General's strategy for PSEA, focusing specifically on victims' rights and protection, and engaged in the development of the Voluntary Compact on Preventing and Addressing SEA. While much reporting space for transformation 2D was dedicated to PSEA, it is critical to note that SEA is not exclusively under the purview of GBV specialists or GBV specialized agencies and that the responsibility to protect lies with the humanitarian community at large. While addressing SEA is absolutely critical, we



must also bear in mind that this is only one piece of an improved response to GBV overall and future reporting should reflect this.

## Masculinities/Engaging Men

A number of reports highlighted the importance of addressing masculinity as part of the effort to promote positive social and gender norms and engage men and boys in preventing and responding to GBV. The World Food Programme (WFP) has worked to mainstream gender sensitization programming, including the development of a Training of Trainers (ToT) with the goal of providing nutrition sensitization to male parents and caregivers. Concern, in partnership with Sonke Gender Justice, also developed an Engaging Men curriculum that was utilized in Sierra Leone and the Democratic Republic of Congo (DRC). Austria's 2017 Organization for Security and Co-operation in Europe (OSCE) Chairmanship supported a project to combat GBV in Serbia, Kosovo, Albania and Bosnia and Herzegovina, by supporting the capacity of law enforcement to address young men vulnerable to violence and anti-social behavior.

### New, innovative or unique programmes or practices from the self-reports

Multiple reports mentioned momentum for commitments under the Call to Action on Protection from GBV in Emergencies. With support from the European Union, a partnership among Women's Refugee Commission (WRC), UNFPA and the GBV AoR is supporting pilot efforts to take the Call to Action initiative forward in northeast Nigeria and the DRC. These pilots are part of the effort to strengthen field level implementation of the Call to Action initiative, a priority for Call to Action partners, by developing Road Maps to improve GBV prevention and response that are contextualized for particular settings. Sweden, in its leadership of Call to Action, noted the need to broaden the partnership beyond Europe and North America and this initiative will help respond to that challenge.

WRC, in its project on *Preventing and Responding to GBV in Urban Areas*, worked with local partners to pilot innovative GBV risk mitigation projects in several cities. These partnerships demonstrate the value of building linkages with local actors who can bring specialized knowledge to GBV efforts in urban areas and acknowledged the growing number of people in need residing in urban environments. ActionAid also noted partnering with feminist networks to share information on GBV in Fiji and set up safe spaces for Rohingya women in Bangladesh.

The Real time Accountability Partnership (which includes UNFPA, the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Children's Fund (UNICEF), the International Rescue Committee (IRC) and the United States State Department (OFDA)) launched two oneyear pilots in South Sudan and Iraq to enhance collective to address GBV through an accountability framework. OCHA reported that change in prioritizing GBV requires collective longterm commitment of the whole humanitarian community and noted two initiatives, the Real-Time Accountability Partnership (RTAP) and the Call to Action on Protection from GBV in Emergencies, as innovative measures with an emphasis on leadership. UN agencies reported reaching out to various levels of the humanitarian architecture, especially senior management, to address GBV in emergencies as a life-saving aspect of humanitarian action and to ensure its early prioritization as part of emergency response.



Denmark, within the context of multi-year funding towards GBV prevention, coordination and response, noted strategic partnerships with selected Danish NGOs and UN organisations, in particular UNFPA, to strengthen linkages in the field between GBV and sexual and reproductive health and rights (SRHR) actors to create synergies of activities for strengthened humanitarian response. To address funding shortfalls and prevent the closure of clinics that provide women with life-saving care, the Netherlands launched in 2017 the "she decides" initiative to guarantee access to SRHR services, with significant support dedicated to humanitarian emergencies.

## **Obstacles/impediments to collective progress**

While reports noted that attention was given to build the capacity of local actors, several reports noted with concern the shrinking spaces for Civil Society Organizations (CSOs), which are often the most effective implementing and advocacy partners. Another obstacle cited was the lack of concrete integration of GBV prevention and mitigation actions across sectors using the IASC GBV Guidelines.

While funding has improved, more resources are required to meet GBV survivors' needs and support effective prevention. Protecting women and girls from violence is poorly resourced, and in emergencies is often not recognized as life-saving. Compounding the challenges posed by insufficient funding is also the dominance of short-term funding. The shortage of protection specialists, especially at community level is also a challenge compounded by limited funding available to invest in building expertise.

Several reports noted that many humanitarian actors do not understand that gender inequality perpetuates norms that promote GBV and that gender inequalities lead to increased risks, exclusion and discrimination (also see report on transformation 3D - Empower women and girls). Humanitarian aid is often designed and delivered without an understanding of the specific constraints women and girls face thereby compounding the risk of GBV. Another challenge is insufficient data on marginalized or socially excluded groups of women and girls. To achieve system-level change and improve humanitarian outcomes, a gender-responsive approach is needed to support measures that strengthen the humanitarian system, such as by ensuring women and girls' participation in decision making on issues which impact them so as to better prevent and respond to GBV.

A few UN entities and Governments noted that coordinated action across stakeholders should address the Humanitarian-Development-Peace (HDP) nexus. Barriers to creating synergies between humanitarian and development efforts include funding modalities, lack of multi-year funding in humanitarian settings, and "silo thinking" among key UN and NGO actors.

#### Recommendations

Based on the analysis of self-reports towards progress on transformation 2D, the following recommendations are critical to strengthening progress and to contribute to systemic changes that must be made to transform the humanitarian response to GBV:

1. From day one of an emergency, prioritize GBV prevention and response as life-saving. Regardless of the presence or absence of concrete "evidence," all humanitarian personnel and donors must assume GBV is taking place, and treat GBV as a serious and life-



threatening protection issue. Humanitarian actors and donors must not wait for numbers to justify GBV response measures or funding.

- 2. Build a stronger understanding of GBV prevention and mitigation across sectors and integrate GBV risk mitigation, in line with the *IASC GBV Guidelines*, into response plans and programming.
- 3. Strengthen the Humanitarian-Development-Peace (HDP) nexus to effectively direct development assistance to address vulnerabilities and reach those furthest behind.
- 4. Build the capacity of service providers and local responders to deliver quality programs, and ensure that best practices and minimum standards are implemented while channeling humanitarian aid through local and national actors.
- 5. Ensure effective systems are in place for preventing and responding to acts of sexual exploitation and abuse and consistently and frequently raise awareness among personnel. It is important to note that stopping SEA is not exclusively under the purview of GBV specialists and that the responsibility to protect lies with the humanitarian community.
- 6. Increase investment in innovative information management processes that document the nature and scope of GBV to inform programming, policy, and advocacy, and to identify the most marginalized women and girls.

#### About this paper

All stakeholders who made commitments at the World Humanitarian Summit (WHS) in support of advancing the Agenda for Humanity were invited to self-report on their progress in 2017 through the Platform for Action, Commitments and Transformation (PACT) (agendaforhumanity.org). The information provided through the self-reporting is publicly available and forms the basis, along with other relevant analysis, of the annual synthesis report. The annual synthesis report will be prepared by OCHA and will highlight trends in progress, achievements and gaps that need more attention as stakeholders collectively work tow ard advancing the 24 transformations in the Agenda for Humanity. In keeping with the multi-stakeholder spirit of the WHS, OCHA invited partners to prepare short analytical papers that analyze and assess self-reporting in the PACT, or provide an update on progress on initiatives launched at the World Humanitarian Summit. The view s expressed in this paper are those of the authors and do not necessarily reflect the view s of the United Nations Secretariat.

